

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LL	108704	4/19/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AS	59227	6/14/00

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	6/3/03 6/10/03
1	✓ ✓ ✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓ ✓ ✓
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20	✓ ✓ ✓
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25	✓ ✓
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27	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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